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JUN 14 2005

FACSIMILE COVER SHEET**TO:** Examiner J. Phan
Group Art Unit 2872**FROM:** Michael K. O'Neill**RE:** U.S. Application No. 10/725,399
Atty. Docket No. 03500.017747**FAX NO.:** (703) 872-9306**DATE:** June 14, 2005**NO. OF PAGES:** 12
(including cover page)**TIME:** 4:43**SENT BY:** *Ham***MESSAGE**

Attached is an Amendment in response to the Office Action dated March 14, 2005.

I hereby certify that this correspondence is being facsimile-transmitted to
the U.S. Patent and Trademark Office on:

June 14, 2005

(Date of Deposit)

Michael K. O'Neill, Reg. No. 37,627
(Name of Attorney for Applicant)

Signature

June 14, 2005

Date of Signature

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JUN 14 2005

In re Application of:

Docket No. 03500.017747

HIDEKAZU SHIMOMURA

Application No.: 10/725,399

Examiner: J. Phan

Filed: December 3, 2003

Group Art Unit: 2872

For: OPTICAL SCANNING APPARATUS AND
 IMAGE FORMING APPARATUS USING
 THE SAME

Date: June 14, 2005

THE COMMISSIONER FOR PATENTS
 P.O. Box 1450
 Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 29	MINUS	** 30	= 0	x \$25 \$50	- 0 -
INDEP. CLAIMS	* 3	MINUS	*** 3	= 0	x \$100 \$200	- 0 -
Fee for Multiple Dependent claims \$180/\$360						Prev. Paid
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						- 0 -

- * If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.
 ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
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I hereby certify that this correspondence is being facsimile transmitted to
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June 14, 2005
 (Date of Deposit)


Michael K. O'Neill, Reg. No. 32,622
 (Name of Attorney for Applicant)

Signature

June 14, 2005
 Date of Signature

- ☐ Verified Statement claiming small entity status is enclosed, if not filed previously.
- ☐ A check in the amount of \$_____ is enclosed.
- ☐ Charge \$_____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.
- ☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.
- ☐ A check in the amount of \$_____ to cover the fee for a _____ month extension is enclosed.
- ☐ A check in the amount of \$_____ to cover the Information Disclosure Statement fee is enclosed.
- ☒ Applicant's undersigned attorney may be reached in our Costa Mesa, California office by telephone at (714) 540-8700. All correspondence should continue to be directed to our address given below.

Respectfully submitted,


Attorney for Applicant
Michael K. O'Neill
Registration No.: 32,622

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03500.017747

PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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In re Application of:)
: Examiner: J. Phan
HIDEKAZU SHIMOMURA)
: Group Art Unit: 2872
Application No.: 10/725,399)
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Filed: December 3, 2003)
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For: OPTICAL SCANNING)
: APPARATUS AND IMAGE)
: FORMING APPARATUS)
: USING THE SAME)
: June 14, 2005

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT


Sir:

In response to the Office Action dated March 14, 2005, please amend the
above-identified application, as follows:

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Michael K. O'Neill, Reg. No. 32,622
(Name of Attorney for Applicant)


Signature Date of Signature